U S Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only	
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT	
E (S' NOC')	
OLMS 9	
1 File Number U 9149	2 Fiscal Year Covered From
\	1/1/2004 Through 12/31/2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name DANNY 3 A DONOHUE	Name Livil Sorvice EMPLOYEES ASSOC LOCALIOOD, AFSCME
_	Labor Organization File Number 515 614
PO Box, Bldg Room No If any	PO Box Building and Room Number if any
Street	Street [Y3 WASHINGTON AVC. 54 -
City The state of	City ALD ANY 4 7, 1
State ZIP Code + 4	State A) y ZIP Code +4 122/03
5 Position in labor organization	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)	
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent.
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization. 6 Name and address of Employer (including trade name if any)	derived income or other economic benefit of on represents or is actively seeking to represent. 7 a Nature of Interest, Transaction or Income
monetary value from an employer whose employees your organization of Name and address of Employer (including trade name if any) Name a b / A / 4	on represents or is actively seeking to represent.
monetary value from an employer whose employees your organization of Name and address of Employer (including trade name if any) Name Trade Name if any	on represents or is actively seeking to represent. 7 a Nature of Interest, Transaction or Income
monetary value from an employer whose employees your organization of Name and address of Employer (including trade name if any) Name a b / A / 4	on represents or is actively seeking to represent. 7 a Nature of Interest, Transaction or Income
monetary value from an employer whose employees your organization of Name and address of Employer (including trade name if any) Name Trade Name if any	on represents or is actively seeking to represent. 7 a Nature of Interest, Transaction or Income
monetary value from an employer whose employees your organization of Name and address of Employer (including trade name if any) Name Trade Name if any P O Box, Bidg Room No if any	7 a Nature of Interest, Transaction or Income 7 b Amount
monetary value from an employer whose employees your organizate 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box, Bldg Room No if any Street	7 a Nature of Interest, Transaction or Income 7 b Amount
monetary value from an employer whose employees your organizate 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box, Bidg Room No if any Street City ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount
monetary value from an employer whose employees your organization. 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box, Bldg Room No if any Street ZIP Code + 4 Signature and verification. The undersigned declares under penalty of	7 a Nature of Interest, Transaction or Income 7 b Amount